PRINTED: 10/09/2014 FORM APPROVED Office of Health Care Quality STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING DD0239 08/08/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 337 BRIGHTSEAT ROAD SUITE 111 SECOND FAMILY, INC LANDOVER, MD 20785 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Y 000 Initial Comments Y 000 On August 8, 2014 a follow-up survey was conducted to determine the licensee's compliance with applicable COMAR regulations 14.31.05-07, 10.27.11 and 10.22.02. Survey activities included the review of program and medical records of 2 individuals including interviews and observations as well as interviews and observations of administrative and support

Y2335

Y2405

Y2335 14.31.06.05F1 Personnel Admin: Trng: 40 Hrs Init SS=F n Annual

the time of the survey was 34 children.

staff. Although a number of site visits may have included multiple visits, site visits were conducted at 1 of 9 residential sites. The licensee census at

.05 Personnel Administration.

F. Training of Child Care Workers.

(1) Each employee who provides direct care to children shall receive a minimum of 40 hours of initial and annual training.

This Regulation is not met as evidenced by: See deficiency statement under tag #Y2405.

SS=F

Y2405 14.31.06.05F3k Personnel Admin: Trng: Spec Needs of Popu

.05 Personnel Administration.

F. Training of Child Care Workers.

(3) The training of employees who may provide direct care to children shall include:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED					
		CONSCIONAL MERCHANISMENT	A. BUILDING:		Com	LETED					
		DD0239	B. WING		08	R /08/2014					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
SECOND FAMILY, INC 337 BRIGHTSEAT ROAD SUITE 111 LANDOVER, MD 20785											
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPLE		COMPLETE DATE					
Y2405	Continued From page 1		Y2405								
	(k) Special needs of t	he population served;									
	This Regulation is no Individual #9923	gulation is not met as evidenced by: at #9923									
	Individual# 9923 is diagnosed with										
	' :. On										
- 1	trach dislodged while										
	staff were performing trach care. The agency										
	CEO reported that staff froze when the trach dislodged and was not able to place it back. The staff then called 911. Review of the individualized nursing care plan training forms, signed by the License Practical Nurses (LPNs #1 and #2) revealed that they received training on 7/28/14 by the agency Registered Nurse (RN) after the agency received an immediate notification for lack of staff training on 7/23/2014. Direct observation of LPNs #1 and #2 on										
	8/6/2014 revealed that they were not able to										
	perform trach care sa	perform trach care safely for the individuals.									
	They LPNs were disorganized in gathering the										
		other staff to check in other									
		for sterile and clean gloves,									
		ach collar. Staff #1 poured									
		the bottom of a cart into the				1					
	Name of Miles and Miles and a second	for washing the inner									
		irected by a colleague who use sterile saline bullets									
		vering that the Trach was not									
		PNs debated about using it									
		ntervened telling them that									
using the incorrect sized trach was not											
		h throughout the house and									

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		(X3) DATE SURVEY					
			A, BUILDING:		COM	COMPLETED					
		DD0239	B. WING		R 08/08/2014						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
SECOND FAMILY, INC 337 BRIGHTSEAT ROAD SUITE 111 LANDOVER, MD 20785											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE					
Y2405 N 130 SS=F	in two emergency bags in the supply closet revealed no extra trachs. Both LPNs then gloved and attempted to perform trach care and broke the sterile field on several occasions. At that point, surveyor requested that the RN immediately assign the task to another nurse to ensure the child's safety. A conversation later with executive director revealed that staff persons #1 and #2 had not attended the agency's Trach and Ventilator training. Staff person #1 was the nurse who was performing trach care on when individual # 9923's trach dislodged. On 8/6/2014, the agency was given a second immediate notification for lack of staff training, as cited in the Focused Survey completed on 7/25/14. This deficiency also applies to tag #Y2335 and #N0130. 10.27.11.03.D2 Crit-Nursing Task competency to		Y2405 N 130								
33-1	.03 Criteria for Delegating a unlicensed individual assistant, the nurse statement of the certified nursing assistant's conursing assistant's conursing task; This Regulation is not the certified nursing task;	a nursing task to an or certified nursing									

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